

# ADOPT-220 Adoption of Indian Child

Case Number: \_\_\_\_\_

Attached to Adoption Request, ADOPT-200

1 Name(s) of adopting parent(s):

a. \_\_\_\_\_  
b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (Skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

Your lawyer's name (if you have one), address, telephone, and State

Bar #: \_\_\_\_\_

Federal law says the State courts must send a copy of all Adoption Orders for an Indian child to the Secretary of the Interior within 30 days. The State court must also send the following information:

2 Name of Indian child: \_\_\_\_\_

Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

3 Indian child's tribe (or tribe child is eligible for): \_\_\_\_\_

Enrollment #: \_\_\_\_\_  Check here if you do not know.

4 Indian's child biological mother (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if you do not know.

The biological mother attaches her request that her identity remain confidential.

5 Indian's child biological father (Name): \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Check here if you do not know.

The biological father attaches his request that his identity remain confidential.

6 Indian's child biological Indian grandmother/s (Name/s; include Maiden name/s):

\_\_\_\_\_  
 Check here if you do not know.



Your name(s): \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**7** Indian's child biological Indian grandfather/s (Name/s):  
\_\_\_\_\_  
 Check here if you do not know.

**8** Name of any agency with information about this adoption: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**9** Other people with information about the Indian child's ancestry.  
List people who can connect the child to an ancestor on the California Judgment Roll:

Name	Relationship to child
a. _____	_____
b. _____	_____
c. _____	_____

**10** Parental Rights End:  
Check all that apply.

a.  A court ended parental rights on: \_\_\_\_/\_\_\_\_/\_\_\_\_

b.  Parent(s) voluntarily agreed in writing to end their parental rights.

1.  ADOPT-225 will be recorded in front of a judge and filed with the court before the adoption hearing on: \_\_\_\_/\_\_\_\_/\_\_\_\_
2.  ADOPT-225 was recorded in front of a judge and is attached to ADOPT-200 (the Adoption Request).
3.  ADOPT-225 was signed at least 10 days after the birth date of the Indian child.

c.  A judge has certified that he or she fully explained the terms and consequences of the parent(s) agreement to end parental rights and that the parent(s) understood.

1.  This certificate was filed with the court on \_\_\_\_/\_\_\_\_/\_\_\_\_; OR
2.  This certificate is attached to the adoption request or will be filed before the adoption hearing.

If filed, clerk will stamp below

--

(Court name and street address):

--

**Case Number:**

--

- 1** I want my child to be adopted by (Name/s):
- a. \_\_\_\_\_
- b. \_\_\_\_\_
- Relationship to Indian child, if any: (Check all that apply.)
- related to child (Specify): \_\_\_\_\_
- members of child's tribe    Indian parents
- none of the above

- 2** The parent(s) in **1**  meet    do not meet   the placement preference requirements of the Indian Child Welfare Act.

- 3** Indian child (Name): \_\_\_\_\_
- Birth date: \_\_\_\_/\_\_\_\_/\_\_\_\_   Age: \_\_\_\_\_
- Child's Tribe(s): \_\_\_\_\_
- Enrollment #: \_\_\_\_\_
- Check here if not known.

- 4** Your name and relationship to Indian child
- Name: \_\_\_\_\_
- mother    father (Check only one. Each parent fills out a separate form).

Your address (Skip this if you have a lawyer):

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: (\_\_\_\_) \_\_\_\_\_ Your Tribe(s): \_\_\_\_\_ Enrollment #: \_\_\_\_\_

 Check here if you do not know enrollment #.

Your lawyer's name (if you have one), address, telephone number and State Bar #:

\_\_\_\_\_

- 5** I am the parent in **4** and I understand and say:
- a. I agree to give up my parental rights.
- b. I agree to the adoption of my child by the parent(s) listed in **1**.
- c. I understand what will happen when I sign this form.
- d. No one has threatened me or made promises to me to get me to sign this form.
- e. I understand that until the judge signs an Adoption Order (ADOPT-215) or an order to end my parental rights, I can change my mind and my child will be returned to me.
- f. I want the court to let me know if the adoption is cancelled so I can ask the court to give me back custody of my child. The court will give me back the custody of my child if the judge decides it is in my child's best interest.
- g. I do not give up any of my rights under the Indian Child Welfare Act by signing this form.
- h. My child was at least 10 days old when I signed this form.



Your name: \_\_\_\_\_

<b>Case Number:</b>
---------------------

- 6 I  do  do not want the tribe to be notified of this case. And, I understand if the tribe finds out about this case, it can participate.
- 7 At the time of signing this form, I do not live and am not domiciled on an Indian reservation.



\_\_\_\_\_  
Signature of Indian Parent

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date

\_\_\_\_\_  
Type or print your name

### Judge's Certification

I, Judge \_\_\_\_\_ of (county): \_\_\_\_\_  
Superior or Consolidated Court for the State of California, certify:

- This form was completed in writing and recorded before me.
- I fully explained the terms and consequences to (name of parent): \_\_\_\_\_
- The parent fully understood the terms and consequences.
- The parent speaks English or used an interpreter at the hearing.

Certified:

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Judge (or Judicial Officer)

# ADOPT-230 Adoption Expenses

If you are adopting your stepchild or your domestic partner's child, do not fill out this form.

If filed, clerk will stamp below

(Court name and street address):

**Case Number:**

- 1 Name(s) of adopting parent(s):
- a. \_\_\_\_\_
- b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (Skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_) \_\_\_\_\_

Your lawyer's name (if you have one), address, telephone, and State Bar #: \_\_\_\_\_

\_\_\_\_\_

- 2 Name of child to be adopted:
- \_\_\_\_\_

- 3 List services you obtained related to the adoption of the child listed in 2.

Service	Name & Address of Service Provider	How much paid or value of service	Payment Date
a. Hospital	_____ _____	\$ _____	___/___/___
b. Prenatal Care	_____ _____	\$ _____	___/___/___
c. Legal Fees	_____ _____	\$ _____	___/___/___
d. Adoption Agency Fee	_____ _____	\$ _____	___/___/___
e. Transportation	_____ _____	\$ _____	___/___/___
f. Adoption Facilitator Fees	_____ _____	\$ _____	___/___/___



If filed, clerk will stamp below

(Court name and street address):

**Case Number:**

**1** Name(s) of adopting parent(s):

- a. \_\_\_\_\_
- b. \_\_\_\_\_

Relationship to child: \_\_\_\_\_

Your address (Skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

Your lawyer's name (if you have one), address, telephone, and State Bar #: \_\_\_\_\_  
 \_\_\_\_\_

**2** Information about the child

a. Name of child [after adoption]: \_\_\_\_\_

b. Date of birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

c. Is the child a dependent of Juvenile Court?  No  Yes

If "Yes", list Juvenile Court and Juvenile Case Number:

County: \_\_\_\_\_ Case No: \_\_\_\_\_

d. If the child has a lawyer, fill out below:

Name of child's lawyer: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_\_) \_\_\_\_\_ State Bar #: \_\_\_\_\_

**3** The people below agree with the parent(s) in **1** about contact with the child after adoption. If the agreement is confidential, write "Confidential" instead of the person's name.

Type of Contact (circle all that apply):

- Telephone
- Letter
- Visits
- Share Info
- E-mail
- Other

Name	Relationship to Child	Type of Contact					
a.							
b.							
c.							
d.							
e.							
f.							
g.							

If other relatives or other types of contact, attach a separate sheet and write "Other relatives/Types of contacts".

Number of pages attached: \_\_\_\_\_

Case Number: \_\_\_\_\_

Your name(s): \_\_\_\_\_

4 If you have a signed, written agreement about Contact After Adoption, attach a copy.  
Number of pages attached \_\_\_\_\_

5 **Notice**

After the judge grants the "Adoption Request" and approves this agreement, the adoption is still valid. It can never be cancelled or changed even if one of the people signing this agreement:

- does not follow this Agreement, and/or
- files ADOPT-315 (to change, end or enforce this agreement)

When the adopted child turns 18, he or she can undo all or part of this agreement.

6 Everyone involved in this agreement must sign below (including the child, if over 12 and the child's attorney).

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Sign your name Date Type or print your name & relationship to child

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Sign your name Date Type or print your name & relationship to child

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Sign your name Date Type or print your name & relationship to child

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Sign your name Date Type or print your name & relationship to child

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Sign your name Date Type or print your name & relationship to child

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_  
 Sign your name Date Type or print your name & relationship to child

If more relatives need to sign, attach a separate sheet and write "Signatures of Other Relatives".  
Number of pages attached: \_\_\_\_\_

\_\_\_\_ / \_\_\_\_ / \_\_\_\_      ➤ \_\_\_\_\_  
 Date                                      Signature of Judge (or Judicial Officer)

If filed, clerk will stamp below

--

(Court name and street address):

--

<b>Case Number:</b>
---------------------

**1** Write your information below:

Your name(s) and relationship(s) to child:

- a. \_\_\_\_\_  
b. \_\_\_\_\_

Your address (Skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_) \_\_\_\_\_

Your lawyer's name (if you have one), address, telephone, and State  
Bar #: \_\_\_\_\_

\_\_\_\_\_

**2** Name of child: (if known) \_\_\_\_\_

Child's adopted name: (if known) \_\_\_\_\_

Date of birth of adopted child: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**3** I / We want to (check one):  Enforce  Change  End  
an existing Contract After Adoption Agreement.

**The judge will not look at your request unless you and the other people who signed ADOPT-310 first try to come to an agreement using mediation or some other form of dispute resolution.**

**4** List all people who signed the original Contact After Adoption Agreement. [ADOPT-310]  
If the agreement was confidential, write "Confidential" instead of the person's name.

List name and relationship to child:

- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

**Notice to person served with this form:**

- The adoption of the child named in ② is still valid.
- It can never be cancelled or changed.
- If you disagree with this form, you must file ADOPT-320 within 30 days after receiving this form.



Your name(s): \_\_\_\_\_

5 Attach to this request:

- A copy of ADOPT-310 [Contact After Adoption Agreement]
- A copy of the signed, written agreement about Contact After Adoption, if there is one
- Proof of Service showing this form was served to each person in 3 along with a blank answer form [ADOPT-320].
- If any person in 3 was not served, you must explain in writing why they were not served.

Check below, if true:

- I do not know the names of the other people who signed the original Contact After Adoption Agreement, so I could not serve them.
- Other people who signed the original Contact After Adoption Agreement, [ADOPT-310] agree with what I am asking in this request and have signed ADOPT-320.

6 Remember: the judge will not look at your request until all people who signed ADOPT-310 have tried to come to an agreement using mediation or other form of dispute resolution.

7 Check one of the boxes below:

I/We ask the court to:

- a.  Enforce ADOPT-310. Explain how the original agreement has not been followed:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you need more space, attach a sheet of paper. Write "Enforce 310" at top.

- b.  Change ADOPT-310. Describe the changes you want and how these changes will be good for the child:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you need more space, attach a sheet of paper. Write "Change 310" at top.

- c.  End ADOPT-310. Explain why you want to end the Agreement and how ending the Agreement will be good for the child:

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

If you need more space, attach a sheet of paper. Write "End 310" at top.

Number of pages attached: \_\_\_\_\_

8 I/We declare under penalty of perjury under the laws of the State of California that the information on this form is true and correct, which means if I lie on this form, I am guilty of a crime.

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
 Applicant signs here Date Type or print your name

➤ \_\_\_\_\_ / \_\_\_\_ / \_\_\_\_ \_\_\_\_\_  
 Applicant signs here Date Type or print your name



**Judge's Order to: Enforce, Change,  
End Contact After Adoption  
Agreement**

If filed, clerk will stamp below

(Court name and street address):

**Case Number:****1** Name(s) of person(s) who asked for this order:

- a. \_\_\_\_\_  
b. \_\_\_\_\_

Your address (Skip this if you have a lawyer):

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Your phone #: (\_\_\_\_\_) \_\_\_\_\_

Your lawyer's name (if you have one), address, telephone, and State  
Bar #: \_\_\_\_\_  
\_\_\_\_\_**2** Name of adopted child:

\_\_\_\_\_

Date of birth of adopted child: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age: \_\_\_\_\_

**3** People present in court today (date): \_\_\_\_/\_\_\_\_/\_\_\_\_ in:

Dept.: \_\_\_\_\_ Div.: \_\_\_\_\_ Room: \_\_\_\_\_

Judge: \_\_\_\_\_

- Adopting parent(s)       Lawyer for adopting parent(s)       Child       Child's lawyer
- Parent keeping parental rights [stepparent / domestic partner]: \_\_\_\_\_
- Not present: \_\_\_\_\_
- Other people present (List name and relationship to child):
- a. \_\_\_\_\_ c. \_\_\_\_\_  
b. \_\_\_\_\_ d. \_\_\_\_\_

Judge will fill out grey section below:

**4** The judge has reviewed:

- ADOPT- 310     ADOPT-315     ADOPT-320     other evidence     testimony

All people listed in ADOPT-315 have tried to come to an agreement using mediation or some other form of dispute resolution. [Fam. Code § 8714.7]

**5** The judge finds and orders: (Check all that apply)

Enforcement:

- a.  The Contact After Adoption Agreement must be enforced.
- b.  The Contact After Adoption Agreement must not be enforced because:
- the person who asked the judge to enforce the Agreement has not tried to solve the problem using mediation or similar method.
- Enforcing the Agreement is not in the child's best interest.
- Other: \_\_\_\_\_



Your name(s): \_\_\_\_\_

**Case Number:** \_\_\_\_\_

**6** Change or End the Agreement:

- a. The judge approves the request to  change  end the Contact After Adoption Agreement because:
- All people involved, including the child (if 12 or older) agreed in writing with the requests listed in ADOPT-315,
  - It is in the best interest of the child,
  - There have been important changes since the original Agreement was approved, and
  - The applicant has participated, or tried to participate in ways to solve the problem, such as mediation.
- b. The judge does not approve the request to  change  end the Contact After Adoption Agreement because:
- It is not in the best interest of the child.
  - No important changes have happened since the original Agreement was approved.
  - The applicant has not tried to participate in ways to solve the problem, such as mediation.
- c. The judge approves the request to  change  end the Contact After Adoption Agreement as amended. A new ADOPT-310 will be filed.

**7** More time to Study or Evaluate

- a.  The judge needs more time to make a decision.
- b.  The judge orders further study or evaluation of the issues in the request because there is clear and convincing evidence that:
- It is the only way to protect or promote the child's best interest, and
  - It will not disturb the stability of the child's home.
- c.  The study or evaluation must look at the following:
- If the requests in ADOPT-315 will benefit the child
  - The child's wishes
  - The child's mental health
  - Other: \_\_\_\_\_
- d.  The study or evaluation will be done by (individual or agency): \_\_\_\_\_  
The people involved must cooperate with this individual or agency.
- e.  The cost of the study or evaluation and written report will be paid by:  
Name(s) of person to pay: \_\_\_\_\_  
Relationship to child: \_\_\_\_\_
- f.  The judge and all people involved in this case will get a complete report by: \_\_\_\_/\_\_\_\_/\_\_\_\_
- g.  The judge will review the report and make a decision by: \_\_\_\_/\_\_\_\_/\_\_\_\_
- h.  The people involved in this case must return to court on: \_\_\_\_/\_\_\_\_/\_\_\_\_ at: \_\_\_\_\_  a.m.  p.m.

\_\_\_\_/\_\_\_\_/\_\_\_\_  
Date



\_\_\_\_\_  
Signature of Judge (or Judicial Officer)